

DATE OF INTERVIEW_____

BUSINESS NAME_____

BUSINESS CATEGORY_____

BUSINESS ADDR_____

PHONE USE BUSINESS LICENSE CHECK LIST

- **COMPLETED BUSINESS APPLICATION**

☐ NEED ☐ DNA

☐ OK_____

- **COPY OF CORPORATION PAPERS**

☐ NEED ☐ DNA

☐ OK_____

- **ASSUMED NAME CERTIFICATE
(MUST BE APPLIED FOR IN THE
COUNTY THAT THE BUSINESS
OWNER(S) RESIDE IN)**

☐ NEED ☐ DNA

☐ OK_____

- **RETAIL SALES TAX NUMBER
SHOWING BERWYN BUSINESS
ADDRESS**

☐ NEED ☐ DNA

☐ OK_____

- **FEIN TAX NUMBER / SS #**

☐ NEED ☐ DNA

☐ OK_____

- **COPY OF DRIVERS LICENSE**

☐ NEED ☐ DNA

☐ OK_____

OTHER_____

NO INSPECTIONS REQUIRED